STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005089	A. BUILDING: _____ B. WING _____	03/13/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MARY'S MEDICAL CENTER OF EVANSVILLE INC	3700 WASHINGTON AVE EVANSVILLE, IN 47750

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for the investigation of one (1) State complaint. Date of survey: 3-13-13 Facility number: 005089 Complaint number: IN00122460 Unsubstantiated: Lack of sufficient evidence. Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor St. Mary's Medical Center of Evansville is in compliance with 410 IAC 15-1.6-5, Psychiatric services, 410 IAC 15-1.5-6, Nursing services, and 410 IAC 15-1.5-5, Medical staff, Hospital Licensure Rules. QA: claughlin 03/19/13	S 000		